

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2004Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning **APR 1, 2004** and ending **MAR 31, 2005****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNDERSEA & HYPERBARIC MEDICAL SOCIETY, INC.**D** Employer identification number**23-7066181**

Number and street (or P.O. box if mail is not delivered to street address)

10020 SOUTHERN MARYLAND BLVD.

Room/suite

204**E** Telephone number**(410) 257-6606**

City or town, state or country, and ZIP + 4

DUNKIRK, MD 20754**F** Accounting method:☐ Cash☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G** Website: ▶ **WWW.UHMS.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **736,172.****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____) ...	1d		0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		452,673.
	3 Membership dues and assessments	3		268,701.
	4 Interest on savings and temporary cash investments	4		243.
	5 Dividends and interest from securities	5		
	6a Gross rents SEE STATEMENT 1	6a	14,555.	
b Less: rental expenses SEE STATEMENT 2	6b	11,190.		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		3,365.	
7 Other investment income (describe ▶ _____)	7			
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
Net Assets	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11 Other revenue (from Part VII, line 103)	11		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		724,982.
	Expenses	13 Program services (from line 44, column (B))	13	
14 Management and general (from line 44, column (C))		14		101,342.
15 Fundraising (from line 44, column (D))		15		
16 Payments to affiliates (attach schedule)		16		
17 Total expenses (add lines 13 and 14, column (A))		17		729,462.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<4,480.>
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		291,759.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		<982.>
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		286,297.

423001
01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

**UNDERSEA & HYPERBARIC MEDICAL
SOCIETY, INC.**

23-7066181

Part II Statement of Functional Expenses		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	0.	0.	0.	0.
26	Other salaries and wages	297,049.	273,960.	23,089.	
27	Pension plan contributions	9,500.	8,550.	950.	
28	Other employee benefits				
29	Payroll taxes	21,002.	18,902.	2,100.	
30	Professional fundraising fees				
31	Accounting fees	11,935.		11,935.	
32	Legal fees	234.		234.	
33	Supplies				
34	Telephone	10,398.	10,398.		
35	Postage and shipping	14,009.	11,382.	2,627.	
36	Occupancy				
37	Equipment rental and maintenance	3,795.		3,795.	
38	Printing and publications	4,036.	4,036.		
39	Travel	17,858.	16,072.	1,786.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	6,710.		6,710.	
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 4	332,936.	284,820.	48,116.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	729,462.	628,120.	101,342.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **EDUCATION THROUGH PUBLICATIONS AND COURSES**

EDUCATION THROUGH PUBLICATIONS AND COURSES

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
a	EXPENSES ARE RELATED TO PUBLISHING ARTICLES AND SCIENTIFIC JOURNALS, WHICH PROVIDE INFORMATION AND TRAINING FOR HYPERBARIC AND DIVING MEDICINE.	(Grants and allocations \$ _____)	69,188.
b	EXPENSES RELATED TO QUALITY ASSURANCE AND REGULATORY AFFAIRS.	(Grants and allocations \$ _____)	59,520.
c	EXPENSES RELATED TO VARIOUS CONTRACTS AND GRANTS TO HOLD TRAINING COURSES AND SYMPOSIA AND PUBLISH THE RESULTS.	(Grants and allocations \$ _____)	8,074.
d	EXPENSES RELATED TO THE SOCIETY'S ANNUAL MEETING AND OTHER PROGRAMS TO EDUCATE ITS MEMBERS ON HYPERBARIC MEDICAL AND DIVING ISSUES.	(Grants and allocations \$ _____)	119,727.
e	Other program services (attach schedule) STATEMENT 5	(Grants and allocations \$ _____)	371,611.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		628,120.

423011
01-13-05

Form 990 (2004)

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	114,330.	45	120,921.
	46 Savings and temporary cash investments	10,843.	46	10,958.
	47 a Accounts receivable 47a 7,403.			
	b Less: allowance for doubtful accounts 47b	6,451.	47c	7,403.
	48 a Pledges receivable 48a		48c	
	b Less: allowance for doubtful accounts 48b			
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	37,635.	53	21,097.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis 55a 152,529.			
b Less: accumulated depreciation STMT 6 55b 43,838.	112,602.	55c	108,691.	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis 57a 257,363.				
b Less: accumulated depreciation STMT 7 57b 94,677.	154,619.	57c	162,686.	
58 Other assets (describe)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	436,480.	59	431,756.	
Liabilities	60 Accounts payable and accrued expenses	46,506.	60	28,917.
	61 Grants payable		61	
	62 Deferred revenue	23,600.	62	34,125.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 8)	74,615.	65	82,417.
66 Total liabilities (add lines 60 through 65)	144,721.	66	145,459.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	246,376.	67	91,273.
	68 Temporarily restricted	45,383.	68	195,024.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	291,759.	73	286,297.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	436,480.	74	431,756.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed MARYLAND		
b Number of employees employed in the pay period that includes March 12, 2004 90b 7		
91 The books are in care of DONALD R. CHANDLER, EXEC. DIR. Telephone no. (410) 257-6606		

Located at 10020 SOUTHERN MARYLAND BLVD., DUNKIRK, MD

ZIP + 4 20754

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year 92 0.

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS					116,819.
b QUALITY ASSURANCE					90,541.
c CONTRACTS/GRANTS					69,415.
d ANNUAL MEETING					63,690.
e OTHER PROGRAMS					112,208.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					268,701.
95 Interest on savings and temporary cash investments			14	243.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	3,365.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		3,365.		243.	721,374.
105 Total (add line 104, columns (B), (D), and (E))					724,982.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	Type or print name and title.
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
423161 01-13-05	MOOSE, GREEN AND KOROM, PA 3906 KNOWLES AVENUE KENSINGTON, MD 20895		(301) 949-7700	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2004

Name of the organization **UNDERSEA & HYPERBARIC MEDICAL
SOCIETY, INC.**

Employer identification number
23 7066181

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DONALD CHANDLER ----- 4335 CAMP KAUFMANN, HUNTINGTOWN, MD	EX. DIRECTOR 40	92,925.		
WILBUR WORKMAN ----- 18111 COPPER RIDGE, SAN ANTONIO, TX	40	60,008.		
LISA WASDIN ----- 5680 LONG BEACH RD., ST. LEONARD, MD	40	64,349.		

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities 1 \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **1** _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

UNDERSEA & HYPERBARIC MEDICAL

Schedule A (Form 990 or 990-EZ) 2004 **SOCIETY, INC.**

23-7066181 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,675.	1,000.			2,675.
16 Membership fees received	252,597.	257,110.	330,325.	282,891.	1,122,923.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	674,133.	544,299.	397,167.	347,543.	1,963,142.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	192.	56.		4,629.	4,877.
19 Net income from unrelated business activities not included in line 18 ...					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 13		
			508.		508.
23 Total of lines 15 through 22	928,597.	802,465.	728,000.	635,063.	3,094,125.
24 Line 23 minus line 17	254,464.	258,166.	330,833.	287,520.	1,130,983.
25 Enter 1% of line 23	9,286.	8,025.	7,280.	6,351.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 2,675. 16 _____ 1,122,923. 17 _____ 1,963,142. 20 _____ 21 _____					27c 3,088,740.
d Add: Line 27a total _____ 0. and line 27b total _____ 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 3,088,740.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 3,094,125.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.8260%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .1576%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

UNDERSEA & HYPERBARIC MEDICAL

Schedule A (Form 990 or 990-EZ) 2004 **SOCIETY, INC.**

23-7066181 Page 4

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

UNDERSEA & HYPERBARIC MEDICAL

Schedule A (Form 990 or 990-EZ) 2004 **SOCIETY, INC.**

23-7066181 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(ii) Other assets

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) **Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b. If "Yes," complete the following schedule:

.....
N/A

[illegible]

[illegible]

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
	BUILDING - 10531											
	4METROPOLITAN AVE. (50%	01/13/94	SL	39.00	17	152,530.			152,530.	39,927.		3,911.
	* 990 PAGE 2 TOTAL					152,530.		0.	152,530.	39,927.	0.	3,911.
	BUILDINGS											
42				.000	16							0.
	* 990 PAGE 2 TOTAL					152,530.		0.	152,530.	39,927.	0.	3,911.
	OTHER											
	LAND											
5	LAND	01/13/94	L			33,895.			33,895.			0.
	* 990 PAGE 2 TOTAL					33,895.		0.	33,895.	0.	0.	0.
	LAND											
	FURNITURE & EQUIPMENT											
	OTHER											
	IBM SELECTRIC											
1	TYPEWRITER	12/04/79	PRE	5.00	16	815.			815.	815.		0.
	IBM SELECTRIC											
2	TYPEWRITER	01/22/81	PRE	5.00	16	1,024.			1,024.	1,024.		0.
3	REMINGTON TYPEWRITER	07/29/82	PRE	5.00	16	650.			650.	650.		0.
7	PENTIUM COMPUTER	12/21/95	200DB	5.00	17	7,080.			7,080.	7,080.		0.
8	MOVING STAIR PLATFORM	09/18/95	ADS	40.00	17	1,800.			1,800.	292.		45.
9	PENTIUM COMPUTER	07/31/96	200DB	5.00	17	1,887.			1,887.	1,887.		0.
10	PENTIUM COMPUTER	08/28/96	200DB	5.00	17	1,135.			1,135.	1,135.		0.
11	486 COMPUTER	09/11/96	200DB	5.00	17	630.			630.	630.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
12	PENTIUM COMPUTER	103096200DB	5.00	17		835.			835.	835.		0.
13	COMPUTER EQUIPMENT	112796200DB	5.00	17		1,063.			1,063.	1,063.		0.
14	COPIER	022097200DB	5.00	17		367.			367.	367.		0.
15	DESK / CHAIR	050697200DB	7.00	17		970.			970.	927.		43.
16	MEMEX SOFTWARE	083197200DB	3.00	17		3,795.			3,795.	3,795.		0.
17	PENTIUM 166 COMPUTER	102597200DB	5.00	17		950.			950.	950.		0.
18	COMPUTER	043098200DB	5.00	17		6,022.			6,022.	6,022.		0.
19	COMPUTER	073198200DB	5.00	17		765.			765.	765.		0.
20	LAPTOP COMPUTER	051999200DB	5.00	17		4,011.			4,011.	3,780.		231.
21	PRINTER	050499200DB	5.00	17		727.			727.	685.		42.
22	MONITOR	111199200DB	5.00	17		210.			210.	198.		12.
23	DELL 4100 PENTIUM COMPUTER	011801200DB	5.00	17		1,577.			1,577.	1,305.		181.
24	DELL 4100 PENTIUM COMPUTER	011001200DB	5.00	17		1,228.			1,228.	1,016.		141.
27	DELL 4100 PENTIUM COMPUTER	110600200DB	5.00	17		1,374.			1,374.	1,137.		158.
28	DELL SERVER	123100200DB	5.00	17		2,278.			2,278.	1,884.		263.
29	MS SMALL BUSINESS SERVER	123100200DB	5.00	17		890.			890.	736.		103.
30	2600 BROTHER FAX MACHINE	123100200DB	5.00	17		380.			380.	315.		43.
31	SONY DIGITAL CAMERA	123100200DB	7.00	17		678.			678.	467.		60.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
32	AV EQUIPMENT	110600	200DB	7.00	17	522.			522.	359.		47.
34	SONY LAPTOP COMPUTER	033105	200DB	5.00	19B	4,069.			4,069.			203.
35	COMPUTER (QARA)	100504	200DB	5.00	19B	1,404.			1,404.			211.
36	PENTIUM-4-MMX COMPUTER	062504	200DB	5.00	19B	925.			925.			324.
37	COMPUTER	111104	200DB	5.00	19B	1,313.			1,313.			197.
38	LAPTOP COMPUTER SER#	010705	200DB	5.00	19B	1,645.			1,645.			82.
39	LAPTOP COMPUTER SER#	010705	200DB	5.00	19B	1,645.			1,645.			82.
40	COMPUTER PROJECTORS	010705	200DB	5.00	19B	3,776.			3,776.			189.
* 990	PAGE 2 TOTAL					58,440.		0.	58,440.	40,119.	0.	2,657.
OTHER						58,440.		0.	58,440.	40,119.	0.	2,657.
* 990	PAGE 2 TOTAL - FURNITURE & EQUIPMENT											
	LEASEHOLD IMPROVEMENTS											
OTHER												
6	CARPET	021594	200DB	7.00	17	6,942.			6,942.	6,942.		0.
25	2 WINDOWS	083195	SL	39.00	17	669.			669.	146.		17.
26	FURNACE & CENTRAL AIR	070297	SL	39.00	17	4,887.			4,887.	833.		125.
* 990	PAGE 2 TOTAL					12,498.		0.	12,498.	7,921.	0.	142.
OTHER												
* 990	PAGE 2 TOTAL - LEASEHOLD IMPROVEMENTS					12,498.		0.	12,498.	7,921.	0.	142.
	RENTAL PROPERTY											

[illegible]

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
10535 METROPOLITAN AVE., KENSINGTON, MD	1	14,555.
TOTAL TO FORM 990, PART I, LINE 6A		14,555.

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		3,911.	
PROPERTY INSURANCE		604.	
WASTE MANAGEMENT		2,633.	
CONDO FEES		3,783.	
REPAIRS & MAINTENANCE		259.	
- SUBTOTAL -	1		11,190.
TOTAL TO FORM 990, PART I, LINE 6B			11,190.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
PRIOR PERIOD EXPENSES NOT RECORDED ON RETURN	<982.>
TOTAL TO FORM 990, PART I, LINE 20	<982.>

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK FEES AND CARD FEES	14,090.	14,090.		
DUES AND SUBSCRIPTIONS	784.		784.	
CONSULTING	5,925.		5,925.	

ANNUAL MEETING			
EXPENSE	55,646.	55,646.	
EXECUTIVE COMMITTEE			
EXPENSES	6,115.		6,115.
INSURANCE - GENERAL	4,993.		4,993.
CONTRACT LABOR	2,250.	2,250.	
MEMBERSHIP SERVICES	1,990.	1,990.	
PAYROLL SERVICE	1,849.		1,849.
MARKETING	4,586.		4,586.
LICENSES & PERMITS	749.		749.
GRANTS & CONTRACTS			
EXPENSE	8,074.	8,074.	
ASSOCIATE EXPENSE	0.		
MISCELLANEOUS	1,481.		1,481.
OFFICE SUPPLIES	7,781.		7,781.
PUBLICATION COSTS	69,188.	69,188.	
QUALITY ASSURANCE			
PROGRAM	59,520.	59,520.	
TRAINING WORKSHOPS	0.		
EDUCATION PROGRAMS	64,081.	64,081.	
PERSONAL PROPERTY			
TAX	1,138.		1,138.
PRESIDENTS			
DISCRETIONARY FUND	4,929.		4,929.
CONDO FEES	3,783.		3,783.
INSURANCE - HEALTH	11,090.	9,981.	1,109.
REPAIRS &			
MAINTENANCE	260.		260.
UTILITIES	2,634.		2,634.
TOTAL TO FM 990, LN 43	332,936.	284,820.	48,116.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	5
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
OVERALL PROGRAM SERVICES PROVIDED TO THE SOCIETY'S MEMBERS		371,611.
TOTAL TO FORM 990, PART III, LINE E		371,611.

FORM 990	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING - 10535 METROPOLITAN AVE. (50%)	152,529.	43,838.	108,691.
TOTAL TO FORM 990, PART IV, LN 55	152,529.	43,838.	108,691.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
IBM SELECTRIC TYPEWRITER	815.	815.	0.
IBM SELECTRIC TYPEWRITER	1,024.	1,024.	0.
REMINGTON TYPEWRITER	650.	650.	0.
BUILDING - 10531 METROPOLITAN AVE. (50%)	152,530.	43,838.	108,692.
LAND	33,895.	0.	33,895.
CARPET	6,942.	6,942.	0.
PENTIUM COMPUTER	7,080.	7,080.	0.
MOVING STAIR PLATFORM	1,800.	337.	1,463.
PENTIUM COMPUTER	1,887.	1,887.	0.
PENTIUM COMPUTER	1,135.	1,135.	0.
486 COMPUTER	630.	630.	0.
PENTIUM COMPUTER	835.	835.	0.
COMPUTER EQUIPMENT	1,063.	1,063.	0.
COPIER	367.	367.	0.
DESK / CHAIR	970.	970.	0.
MEMEX SOFTWARE	3,795.	3,795.	0.
PENTIUM 166 COMPUTER	950.	950.	0.
COMPUTER	6,022.	6,022.	0.
COMPUTER	765.	765.	0.
LAPTOP COMPUTER	4,011.	4,011.	0.
PRINTER	727.	727.	0.
MONITOR	210.	210.	0.
DELL 4100 PENTIUM COMPUTER	1,577.	1,486.	91.
DELL 4100 PENTIUM COMPUTER	1,228.	1,157.	71.
2 WINDOWS	669.	163.	506.
FURNACE & CENTRAL AIR	4,887.	958.	3,929.
DELL 4100 PENTIUM COMPUTER	1,374.	1,295.	79.
DELL SERVER	2,278.	2,147.	131.
MS SMALL BUSINESS SERVER	890.	839.	51.
2600 BROTHER FAX MACHINE	380.	358.	22.
SONY DIGITAL CAMERA	678.	527.	151.
AV EQUIPMENT	522.	406.	116.

SONY LAPTOP COMPUTER	4,069.	203.	3,866.
COMPUTER (QARA)	1,404.	211.	1,193.
PENTIUM-4-MMX COMPUTER	925.	324.	601.
PENTIUM-MMX-IV COMPUTER	1,313.	197.	1,116.
LAPTOP COMPUTER SER#			
N002CE041201157	1,645.	82.	1,563.
LAPTOP COMPUTER SER#			
N002CE041201257	1,645.	82.	1,563.
2 COMPUTER PROJECTORS	3,776.	189.	3,587.
TOTAL TO FORM 990, PART IV, LN 57	257,363.	94,677.	162,686.

FORM 990	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		AMOUNT	
DUE TO RESEARCH FOUNDATION		47,418.	
SECURITY DEPOSIT HELD		950.	
ACCRUED VACATION		34,049.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		82,417.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME ON FORM 990		11,190.	
TOTAL TO FORM 990, PART IV-A		11,190.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME ON FORM 990		11,190.	
TOTAL TO FORM 990, PART IV-B		11,190.	

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, STATEMENT 11
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB ACCOUNT
LINDELL K. WEAVER, M.D. 804 TERRACE HILLS DRIVE SALT LAKE CITY, UTAH 84103-4021	IMMEDIATE PAST PRESIDENT 0.	0.	0.	0.
E. CUAUTEMOC SANCHEZ CAMINO SANTA ERESA 1055 MEXICO D.F 10700	VICE PRESIDENT 0.	0.	0.	0.
BRET STOLP, M.D. PHD 3010 MONTGOMERY STREET DURHAM, NC 27705	PRESIDENT 0.	0.	0.	0.
JAMES R. HOLM, M.D. 1400 EAST BOULDER STREET COLORADO SPRINGS, CO 80909	SECRETARY 0.	0.	0.	0.
NEIL B. HAMPSON, M.D. 1100 NINTH AVENUE SEATTLE, WA 98101	PAST PRESIDENT 0.	0.	0.	0.
ENRICO CAMPORESI, M.D. 12901 BURCE B. DOWNS BLVD. TAMPA, FL 33612-4799	PAST PRESIDENT 0.	0.	0.	0.
ROBERT A. WARRINER, III, M.D. 1610 WOODSTEAD CT. THE WOODLANDS, TX 77380	TREASURER 0.	0.	0.	0.
LAURIE GESELL, M.D. 2210 RALEIGH LANE CINCINNATI, OH 45215	MEMBER AT LARGE 0.	0.	0.	0.
JOHN SLADE, M.D. 131 BLACKWOOD COURT BACAVILLE, CA 95688	MEMBER AT LARGE 0.	0.	0.	0.
KEITH VAN METER, M.D. 17 CARRIAGE LANE NEW ORLEANS, LA 70114	MEMBER AT LARGE 0.	0.	0.	0.
ROBERT L. BARTLETT, M.D. 149 RUDDER COURT LEXINGTON, SC 29072	MEMBER AT LARGE 0.	0.	0.	0.

UNDERSEA & HYPERBARIC MEDICAL SOCIETY, I

23-7066181

ENOCH T. HUANG, M.D. 6681 E. CANYON HILLS RD. ANAHEIM, CA 92807-4201	MEMBER AT LARGE 0.	0.	0.	0.
JEFFREY A. STONE, D.O., MPH 7232 GREENVILLE AVE. DALLAS, TX 75231	MEMBER AT LARGE 0.	0.	0.	0.
STEPHANE TREMBLAY, M.D., PHD 143 RUE WOLFE LEVIS, QUEBEC G6V 3Z1	MEMBER AT LARGE 0.	0.	0.	0.
HARRIET W. HOPF, M.D. 513 PARNASSUS AVE. SAN FRANCISCO, CA 94010	MEMBER AT LARGE 0.	0.	0.	0.
RONALD P. BANGASSER, M.D. 12724 VALLEY VIEW REDLANDS, CA 92373	MEMBER AT LARGE 0.	0.	0.	0.
MICHAEL CROUCH 22802 LLANO SOUND SAN ANTONIO, TX 78258	ASSOCIATES CHAIRMAN 0.	0.	0.	0.
	0.			
	0.			

TOTALS INCLUDED ON FORM 990, PART V

0. 0. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 12
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93 A	PUBLICATIONS PROVIDE INFORMATION ON HYPERBARIC MEDICINE AND RESEARCH.
93 B	QUALITY ASSURANCE PROVIDES TESTING OF EQUIPMENT TO COMPLY WITH FEDERAL AND OTHER GOVERNMENTAL COMPLIANCE MEASUREMENTS.
93 C	CONTRACTS/GRANTS PROVIDE FUNDING FOR SPECIAL MEETINGS AND EVENTS RELATED TO HYERBARIC MEDICINE.
93 D	ANNUAL MEETING PROVIDES EDUCATIONAL TOPICS BY LEADING EXPERTS IN THE FIELD OF HYPERBARIC MEDICINE AND RELATED FIELDS.
93 E	OTHER PROGRAMS ARE PROVIDED TO ENHANCE AND EDUCATE HYPERBARIC MEDICINE AND RESEARCH.
94	MEMBER DUES HELP DEFRAY EXPENSES FOR PUBLICATIONS, ADMINISTRATION, AND OCCUPANCY EXPENSES.

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
	0.	0.	508.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	508.	0.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

UNDERSEA & HYPERBARIC MEDICAL
SOCIETY, INC.

Business or activity to which this form relates

FORM 990 PAGE 2

Identifying number

23-7066181

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	5,422.
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		14,777.	5 YRS.	MO	200DB	1,288.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	6,710.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year:					
	:	:			
43 Amortization of costs that began before your 2004 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNDERSEA & HYPERBARIC MEDICAL SOCIETY, INC.	Employer identification number 23-7066181
	Number, street, and room or suite no. If a P.O. box, see instructions. 10020 SOUTHERN MARYLAND BLVD., NO. 204	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DUNKIRK, MD 20754	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **DONALD R. CHANDLER, EXEC. DIR.**
Telephone No. ► **(410) 257-6606** FAX No. ► _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **NOVEMBER 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **APR 1, 2004**, and ending **MAR 31, 2005**
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions _____ \$ _____
 - If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit _____ \$ _____
 - Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions _____ \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

2004 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNDERSEA & HYPERBARIC MEDICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
303	BUILDING - 10535 METROPOLITAN AVE. (50% RENTAL TOTAL - * 990 RENTAL TOTAL - RENTAL PROPERTY	01/13/94	SL	39.00	17	152,529.			152,529.	39,927.		3,911.
	* GRAND TOTAL 990 RENTAL DEPR					152,529.		0.	152,529.	39,927.	0.	3,911.
	BUILDINGS					152,529.		0.	152,529.	39,927.	0.	3,911.
4	BUILDING - 10531 METROPOLITAN AVE. (50% RENTAL TOTAL - * 990 RENTAL TOTAL - RENTAL PROPERTY	01/13/94	SL	39.00	17	152,530.			152,530.	39,927.		3,911.
	* GRAND TOTAL 990 RENTAL DEPR					152,530.		0.	152,530.	39,927.	0.	3,911.
	BUILDINGS					152,530.		0.	152,530.	39,927.	0.	3,911.
42	* 990 PAGE 2 TOTAL			.000	16							0.
	OTHER					152,530.		0.	152,530.	39,927.	0.	3,911.
	LAND											
5	LAND	01/13/94	L			33,895.			33,895.			0.
	* 990 PAGE 2 TOTAL					33,895.		0.	33,895.	0.	0.	0.
	LAND											
	FURNITURE & EQUIPMENT											
	OTHER											
1	IBM SELECTRIC TYPEWRITER	12/04/79	PRE	5.00	16	815.			815.	815.		0.
2	IBM SELECTRIC TYPEWRITER	01/22/81	PRE	5.00	16	1,024.			1,024.	1,024.		0.
3	BREMINGTON TYPEWRITER	07/29/82	PRE	5.00	16	650.			650.	650.		0.
7	PENTIUM COMPUTER	12/21/95	DB	5.00	17	7,080.			7,080.	7,080.		0.
8	MOVING STAIR PLATFORM	09/18/95	ADS	40.00	17	1,800.			1,800.	292.		45.

2004 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNDERSEA & HYPERBARIC MEDICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
9	PENTIUM COMPUTER	073196200	DB5.00	17	17	1,887.			1,887.	1,887.		0.
10	PENTIUM COMPUTER	082896200	DB5.00	17	17	1,135.			1,135.	1,135.		0.
11	486 COMPUTER	091196200	DB5.00	17	17	630.			630.	630.		0.
12	PENTIUM COMPUTER	103096200	DB5.00	17	17	835.			835.	835.		0.
13	COMPUTER EQUIPMENT	112796200	DB5.00	17	17	1,063.			1,063.	1,063.		0.
14	COPIER	022097200	DB5.00	17	17	367.			367.	367.		0.
15	DESK / CHAIR	050697200	DB7.00	17	17	970.			970.	927.		43.
16	MEMEX SOFTWARE	083197200	DB3.00	17	17	3,795.			3,795.	3,795.		0.
17	PENTIUM 166 COMPUTER	102597200	DB5.00	17	17	950.			950.	950.		0.
18	COMPUTER	043098200	DB5.00	17	17	6,022.			6,022.	6,022.		0.
19	COMPUTER	073198200	DB5.00	17	17	765.			765.	765.		0.
20	LAPTOP COMPUTER	051999200	DB5.00	17	17	4,011.			4,011.	3,780.		231.
21	PRINTER	050499200	DB5.00	17	17	727.			727.	685.		42.
22	MONITOR	111199200	DB5.00	17	17	210.			210.	198.		12.
23	DELL 4100 PENTIUM COMPUTER	011801200	DB5.00	17	17	1,577.			1,577.	1,305.		181.
24	DELL 4100 PENTIUM COMPUTER	011001200	DB5.00	17	17	1,228.			1,228.	1,016.		141.
27	DELL 4100 PENTIUM COMPUTER	110600200	DB5.00	17	17	1,374.			1,374.	1,137.		158.
28	DELL SERVER	123100200	DB5.00	17	17	2,278.			2,278.	1,884.		263.

428102
10-08-04

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2004 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNDERSEA & HYPERBARIC MEDICAL
SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
29	MS SMALL BUSINESS SERVER	123100200	DB5.00	17		890.			890.	736.		103.
2600	BROTHER FAX MACHINE	123100200	DB5.00	17		380.			380.	315.		43.
31	SONY DIGITAL CAMERA	123100200	DB7.00	17		678.			678.	467.		60.
32	AV EQUIPMENT	110600200	DB7.00	17		522.			522.	359.		47.
34	SONY LAPTOP COMPUTER	033105200	DB5.00	19B		4,069.			4,069.			203.
35	COMPUTER (QARA)	100504200	DB5.00	19B		1,404.			1,404.			211.
36	PENTIUM-4-MMX COMPUTER	062504200	DB5.00	19B		925.			925.			324.
37	PENTIUM-MMX-IV COMPUTER	111104200	DB5.00	19B		1,313.			1,313.			197.
38	LAPTOP COMPUTER SER# N002CE041201157	010705200	DB5.00	19B		1,645.			1,645.			82.
39	LAPTOP COMPUTER SER# N002CE041201257	010705200	DB5.00	19B		1,645.			1,645.			82.
402	COMPUTER PROJECTORS	010705200	DB5.00	19B		3,776.			3,776.			189.
	* 990 PAGE 2 TOTAL OTHER					58,440.		0.	58,440.	40,119.	0.	2,657.
	* 990 PAGE 2 TOTAL - FURNITURE & EQUIPMENT					58,440.		0.	58,440.	40,119.	0.	2,657.
	LEASEHOLD IMPROVEMENTS											
	OTHER											
6	CARPET	021594200	DB7.00	17		6,942.			6,942.	6,942.		0.
252	WINDOWS	083195SL	39.00	17		669.			669.	146.		17.
26	FURNACE & CENTRAL AIR	070297SL	39.00	17		4,887.			4,887.	833.		125.

428102
10-08-04

(D) - Asset disposed

* TC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

UNDERSEA & HYPERBARIC MEDICAL
SOCIETY, INC.

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2005 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

UNDERSEA & HYPERBARIC MEDICAL
SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
303	BUILDING - 10535 METROPOLITAN AVE.	01/13/94	SL	39.00	152,529.		152,529.	43,838.	3,911.
	(50%)								
	* 990 RENTAL TOTAL - RENTAL PROPERTY				152,529.		152,529.	43,838.	3,911.
					152,529.		152,529.	43,838.	3,911.
	* GRAND TOTAL 990 RENTAL DEPR								
	BUILDINGS								
4	BUILDING - 10531 METROPOLITAN AVE.	01/13/94	SL	39.00	152,530.		152,530.	43,838.	3,911.
	(50%)				152,530.		152,530.	43,838.	3,911.
	* 990 PAGE 2 TOTAL BUILDINGS			.000					0.
42					152,530.		152,530.	43,838.	3,911.
	* 990 PAGE 2 TOTAL OTHER								
	LAND								
5	LAND	01/13/94	L		33,895.		33,895.		0.
	* 990 PAGE 2 TOTAL LAND				33,895.		33,895.	0.	0.
	FURNITURE & EQUIPMENT								
	OTHER								
1	IBM SELECTRIC TYPEWRITER	12/04/79	PRE	5.00	815.		815.	815.	0.
2	IBM SELECTRIC TYPEWRITER	01/28/81	PRE	5.00	1,024.		1,024.	1,024.	0.
3	REMINGTON TYPEWRITER	07/29/82	PRE	5.00	650.		650.	650.	0.
7	PENTIUM COMPUTER	12/21/95	200DB	5.00	7,080.		7,080.	7,080.	0.
8	MOVING STAIR PLATFORM	09/18/95	ADS	40.00	1,800.		1,800.	337.	45.
9	PENTIUM COMPUTER	07/31/96	200DB	5.00	1,887.		1,887.	1,887.	0.
10	PENTIUM COMPUTER	08/28/96	200DB	5.00	1,135.		1,135.	1,135.	0.
11	486 COMPUTER	09/11/96	200DB	5.00	630.		630.	630.	0.
12	PENTIUM COMPUTER	10/30/96	200DB	5.00	835.		835.	835.	0.
13	COMPUTER EQUIPMENT	11/27/96	200DB	5.00	1,063.		1,063.	1,063.	0.
14	COPIER	02/20/97	200DB	5.00	367.		367.	367.	0.
15	DESK / CHAIR	05/06/97	200DB	7.00	970.		970.	970.	0.
16	MEMEX SOFTWARE	08/31/97	200DB	3.00	3,795.		3,795.	3,795.	0.
17	PENTIUM 166 COMPUTER	10/25/97	200DB	5.00	950.		950.	950.	0.
18	COMPUTER	04/30/98	200DB	5.00	6,022.		6,022.	6,022.	0.
19	COMPUTER	07/31/98	200DB	5.00	765.		765.	765.	0.
20	LAPTOP COMPUTER	05/19/99	200DB	5.00	4,011.		4,011.	4,011.	0.
21	PRINTER	05/04/99	200DB	5.00	727.		727.	727.	0.

428103
05-01-04

(D) - Asset disposed

* IRC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL -

UNDERSEA & HYPERBARIC MEDICAL
SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
22	MONITOR	111199	200DB	5.00	210.		210.	210.	0.
23	DELL 4100 PENTIUM COMPUTER	011801	200DB	5.00	1,577.		1,577.	1,486.	91.
24	DELL 4100 PENTIUM COMPUTER	011001	200DB	5.00	1,228.		1,228.	1,157.	71.
27	DELL 4100 PENTIUM COMPUTER	110600	200DB	5.00	1,374.		1,374.	1,295.	79.
28	DELL SERVER	123100	200DB	5.00	2,278.		2,278.	2,147.	131.
29	MS SMALL BUSINESS SERVER	123100	200DB	5.00	890.		890.	839.	51.
30	2600 BROTHER FAX MACHINE	123100	200DB	5.00	380.		380.	358.	22.
31	SONY DIGITAL CAMERA	123100	200DB	7.00	678.		678.	527.	60.
32	AV EQUIPMENT	110600	200DB	7.00	522.		522.	406.	46.
34	SONY LAPTOP COMPUTER	033105	200DB	5.00	4,069.		4,069.	203.	1,546.
35	COMPUTER (QARA)	100504	200DB	5.00	1,404.		1,404.	211.	477.
36	PENTIUM-4-MMX COMPUTER	062504	200DB	5.00	925.		925.	324.	240.
37	PENTIUM-MMX-IV COMPUTER	111104	200DB	5.00	1,313.		1,313.	197.	446.
38	LAPTOP COMPUTER SER# N002CE0412011570	010705	200DB	5.00	1,645.		1,645.	82.	625.
39	LAPTOP COMPUTER SER# N002CE0412012570	010705	200DB	5.00	1,645.		1,645.	82.	625.
40	2 COMPUTER PROJECTORS	010705	200DB	5.00	3,776.		3,776.	189.	1,435.
	* 990 PAGE 2 TOTAL OTHER				58,440.		58,440.	42,776.	5,990.
	* 990 PAGE 2 TOTAL - FURNITURE & EQUIPMENT				58,440.		58,440.	42,776.	5,990.
	LEASEHOLD IMPROVEMENTS								
	OTHER								
60	CARPET	021594	200DB	7.00	6,942.		6,942.	6,942.	0.
25	2 WINDOWS	083195	SL	39.00	669.		669.	163.	17.
26	FURNACE & CENTRAL AIR	070297	SL	39.00	4,887.		4,887.	958.	125.
	* 990 PAGE 2 TOTAL OTHER				12,498.		12,498.	8,063.	142.
	* 990 PAGE 2 TOTAL - LEASEHOLD IMPROVEMENTS				12,498.		12,498.	8,063.	142.
	RENTAL PROPERTY								
	* GRAND TOTAL 990 PAGE 2 DEPR				257,363.		257,363.	94,677.	10,043.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction